Maine Recovery Council DHHS Presentation

April 27th, 2023



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What Data is Available?

Indicators Available through the UMaine Monthly Overdose Report

- Fatal and nonfatal overdoses volume by county geography
- Overdose Reversals
- Incident patterns of fatal overdoses
- Drug categories and combinations causing death
- Gender and age composition of fatal overdose

Other Indicators

- The Maine Naloxone Distribution Initiative Report Syringe Services Reports
- OPITIONS Data and Referral Information
- Prescription Drug Monitoring (PMP) Data

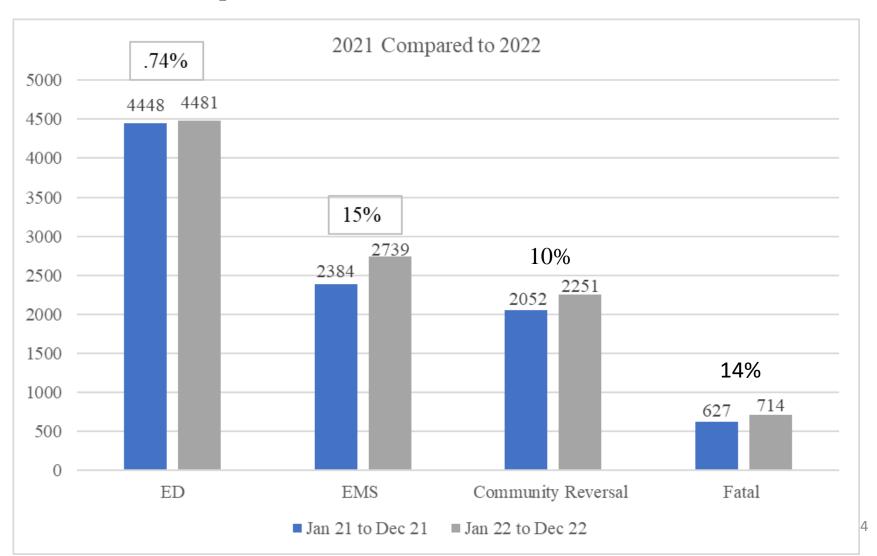
Indicators of Capacity, Access & Unmet Need

- Treatment capacity data across service areas, ex., MOUD, OTP, Residential, Recovery capacity (see data appendix)
- MaineCare claims data
- KEPRO Data

OBH funds the Maine Drug Data Hub that serves as a dashboard for Opioid related data and information https://mainedrugdata.org/fatal-overdose-dashboard/

What does the data show about the current state of the opioid crisis?

Current State of the Opioid Crisis



What does the data show about how different parts of the state are affected?

Regional Impact and Effects

- Several indicators provide county level data
 - Number, Percent and Rate of Overdose Deaths by County
 - Number of overdose deaths by selected substance
- Problem is statewide, all counties are impacted
 - Most counties are in in 1% or 2% of their census proportion in terms of the number of overdose deaths
- Regional Notes
 - Penobscot County is a hub for medical services, and people travel to this county for services, high concentration of homeless populations and on the 195 corridor
 - Cumberland County has high density population needs
 - Washington County has experienced years of population building, slightly higher opioid death rate and generally lacks access to services

What data is missing or needed?

Data Gaps & Opportunities

- Longitudinal monitoring of individuals across lifespan and access to prevention, treatment, harm reduction and recovery services and supports
- Data and analysis regarding timely access to SUD care and treatment

Current data improvement activities:

- Non Fatal Patient Journey Project
 - The objective of this project is to understand Maine's substance use disorder continuum of care as it pertains to those who experience non-fatal overdoses and who interact with EMS as a result.
- SUD Master Data Repository Project
 - Leverages Maine's PMP as a data linkage backbone to construct a holistic understanding of individuals' trajectories through various touchpoints with medical care and State services (e.g. EMS, Emergency Department, inpatient treatment, outpatient treatment, family assistance, treatment courts)

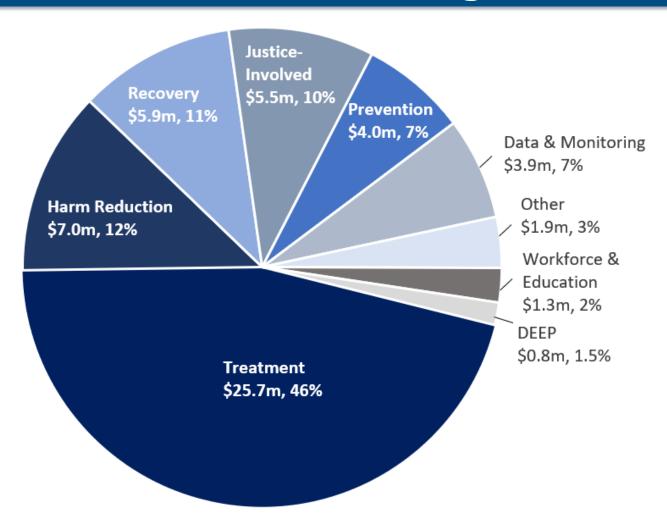
Total Sources of Funding SFY2018-2023



Sources of Funding Description

Funding Source	Description
General Fund	This is the primary operating fund of Maine State Government. Revenues are primarily from the Individual Income Tax, Sales and Use Tax, Cigarette Tax, and Corporate Income Tax. There are two appropriations for SUD: SUD General Fund: This program contracts with treatment services providers, develops and delivers substance use disorder services to persons in the correctional system, and oversees treatment programs. DEEP General Fund: This program provides services to adults and teens involved in alcohol or drug related motor vehicle incidents.
Federal Block Grant	This is a noncompetitive annual federal grant that provides funding for substance use disorder services. During the COVID pandemic this was supplemented with one-time CV-19, CRRSA, and ARPA grants.
Federal Special Grants	State Opioid Response (SOR), Overdose to Action (OD2A), and Harold Rogers are time-limited competitive grants to meet treatment needs and collect overdose data to inform prevention and public health responses.
Funds for Healthy Maine	Revenues come from Maine's share of annual payments from the Master Settlement with America's major tobacco companies. This has funded prevention and treatment.
Opioid Prevention & Treatment Fund	Revenues come from fees on manufacturers that sell, deliver or distribute opioid medications in the state. This program supports OUD programs, new initiatives, research into OUD, and training.

Total Allocation of Funding SFY2023*



^{*}This chart does not include MaineCare funding for SUD services or CDC funded prevention activities

Harm Reduction: \$7.0m allocated in SFY2023

LEAD	ACTIVITY
CDC	Syringe Services Support
ОВН	OPTIONS Liaisons & Media Campaign
ОВН	Naloxone Distribution

Treatment: \$25.7m allocated in SFY2023

LEAD	ACTIVITY
ОВН	Outpatient Services and Intensive Outpatient Services
OMS	Opioid Health Homes (OHH)
ОВН	Residential Treatment & Medically Supervised Withdrawal
ОВН	Opioid Treatment Programs (OTP's)
ОВН	Medication Assisted Treatment (MAT) & Office Based Opioid Treatment (OBOT)
ОВН	Capital/Catalyst RFA Residential Treatment

Recovery: \$5.9m allocated in SFY2023

LEAD	ACTIVITY
ОВН	Recovery Coaches Training
ОВН	Recovery Coaches in Emergency Departments
ОВН	Recovery Community Centers
ОВН	Recovery Residences
ОВН	Recovery Friendly Workplaces
ОВН	MARR Certification

Criminal Justice Services & Programs: \$5.5m allocated in SFY2023

LEAD	ACTIVITY
ОВН	Treatment & Recovery Courts & Pre-Trial Services
ОВН	MOUD in Jail Settings & OTP collaboration

Data & Monitoring: \$3.9m allocated in SFY2023

LEAD	ACTIVITY
ОВН	Prescription Drug Monitoring Program (PMP)
ОВН	Maine Drug Data Hub
OBH/CDC	Overdose Surveillance & Spike Alert Coordination & Data

Prevention: \$4.0m allocated in SFY2023

LEAD	ACTIVITY
CDC	Maine Youth and Young Adult Screening, Brief Intervention and Referral to Treatment Project (MY-SBIRT)
CDC	Middle School Prevention Project implementation through Maine Prevention Network
CDC	Sources of Strength (SOS) – Peer led primary prevention program for middle school and high school students
CDC	Youth and Family Navigators early identification and support services for youth ages 11-24
CDC	Student Intervention Reintegration Program (SIRP) a diversion program for youth ages 13-18 experimenting with substances
CDC	Maine Prevention Network (community-based substance use prevention)

Prevention: Maine CDC directly-received funding

LEAD	ACTIVITY	FUNDING
CDC	Overdose prevention coalition support and increased access to naloxone in Androscoggin, Washington, Penobscot, Somerset, and Oxford counties	PDO
CDC	EMS Mentorship Program	PDO
CDC	Statewide training and education to reduce stigma, increase awareness of the science of addiction, and decrease compassion fatigue	PDO
CDC	Safe storage and drug disposal promotion	SPF – Rx, PDO
CDC	Prescription drug/opioid misuse prevention communications campaign with an increased focus on health equity	SPF – Rx, PDO
CDC	Education and academic detailing for prescribers in partnership with PMP	SPF -Rx
CDC	Community-level mini-grants for prescription drug prevention projects	SPF-Rx
CDC	Substance use prevention trainings for Community Health Workers	SPF-Rx
CDC	Substance Exposed Infant Program	

NEW Notable Opioid Response Activities

ACTIVITY	DECRIPTION	FUNDING
SUD RESIDENTIAL TREATMENT EXPANSION	RFA published in 2022 to provide Capital and Catalyst Funds expand SUD Residential Treatment Capacity Statewide. 2 nd RFA scheduled to be made available June 2023. Funded through SUD UBF Funds.	2022 Capital RFA \$4M 2022 Catalyst RFA \$2M 2023 Capital/Catalyst RFA \$2.5M
OPTIONS TEAM STATEWIDE EXPANSION	This funding supports moving from a single liaison in every county to a team-based approach for co-responding with law enforcement to substance use-related calls. This will raise the number of liaisons from 16 to 32.	\$3M over two years OAG Settlement Funds
INCREASE NALOXONE DISTRIBUTION	Funding from the DHHS Opioid Use Disorder Prevention and Treatment Fund will support the expansion of naloxone distribution in Maine by 25 percent. Specifically, this would increase the number of doses purchased by 26,000 in addition to strengthening education and distribution across the state.	\$750,000 OPTF
OCFS NEW Initiatives	 SUD Counselors in Child Welfare District Offices Youth Peer Recovery Coaches Pilot Recovery Coach Support for individuals with child welfare involvement 	\$1.3M OPTF \$250K OPTF \$250K OPTF

Maine Recovery Fund: Strategic Opportunities for Use

PRIORITY AREA I: Expansion of Opioid Response Activities with Demonstrated Impact

1. Expansion of Crisis Receiving Centers

• Utilize the Cumberland County Crisis Receiving Center pilot as an opportunity to "scale up" Crisis Receiving Centers with a focus on SUD Treatment and services

2. Expansion of Naloxone Distribution

• Build off of the MNDI statewide infrastructure to continue to expand Naloxone distribution statewide with a potential focus on distribution for at risk individuals involved in child welfare

3. Implement Anti-Stigma Media Campaign

Implement the evidence based Shatterproof anti-stigma media campaign statewide

4. Expand Residential Medically Supervised Withdrawal Beds in Underserved Regions

• Evaluate the impact of the current RFA for Residential Treatment beds to identify regions with substantial barriers to accessing Residential Medically Supervised Withdrawal Beds

5. Implement Mobile MOUD Units Statewide

• Establish mobile MOUD units, including methadone statewide

6. Expand Access to MOUD for Incarcerated Individuals

• Expand resources to support county jails to deliver Medication Assisted Treatment (MAT) in county jails statewide

PRIORITY AREA II: Expansion of Prevention Activities

6. Collaborate with the Children's Cabinet, CDC and OCFS to identify key primary prevention activities and opportunities that prevent the onset of opioid misuse by considering interventions that address early risk and protective factors.

Maine Department of Health and Human Services

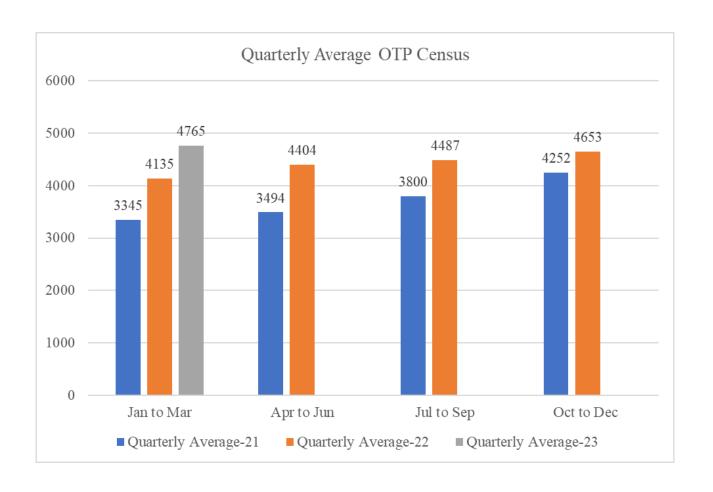
Sources of Direct to Community Funding

Funding Source	Description	FY22 Awards
Direct SAMSHA Grants	The purpose of these grants are to provide communities with direct funding to support services related to addressing SUD and OUD. Awarded programs have included Certified Community Behavioral Health Clinic (CCBHC), tribal opioid response, and harm reduction.	\$6.2M
Federal CDC Grants	Drug Free Communities (DFC) grants are aimed at establishing and strengthening collaboration within community groups in an effort to reduce substance use among youth.	\$1.7M
Health Resources and Services Administration (HRSA) Grants	Rural Communities Opioid Response Program (RCORP) is an initiative focused on reducing the morbidity and mortality of SUD and OUD in high-risk rural communities.	\$2.5M
Congressionally Directed Spending (CDS)	This funding from federal appropriations allow Maine Representatives to support local projects through non-profit entities and state and local governments. There are a number of local projects related to SUD and OUD.	\$5.2M

Questions & Discussion

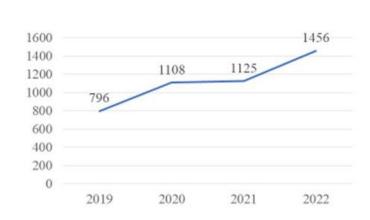
Appendix of Data

Treatment and Capacity

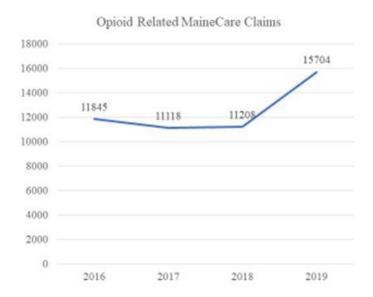


SUD Providers and MaineCare Claims

X-Waivered Providers



Source: SAMHSA



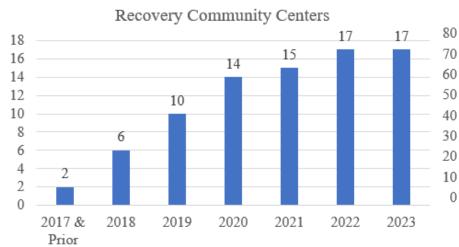
Source: OMS

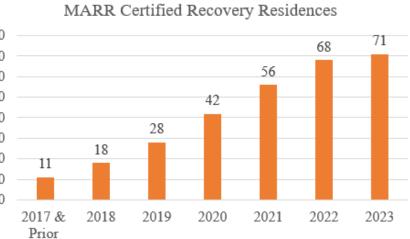
SUD Residential Treatment

SUD Residential Bed Capacity Trends

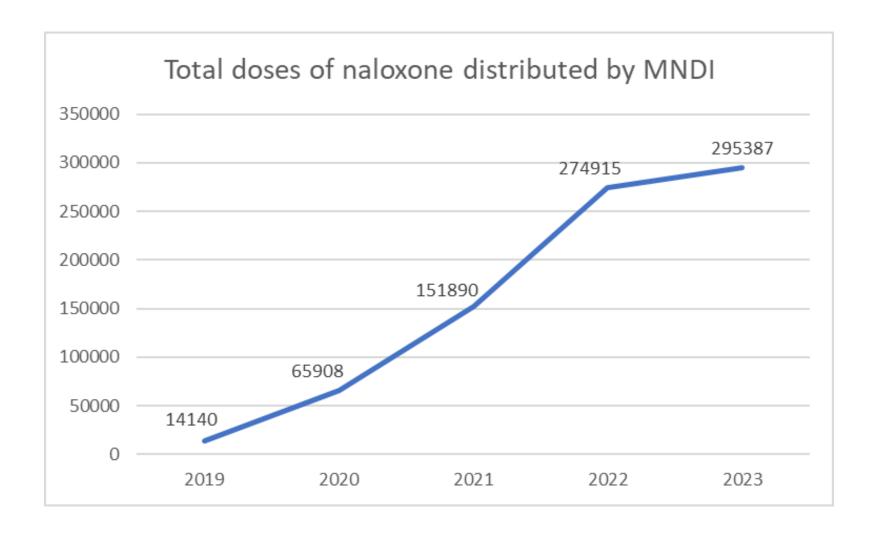


Recovery Services and Supports





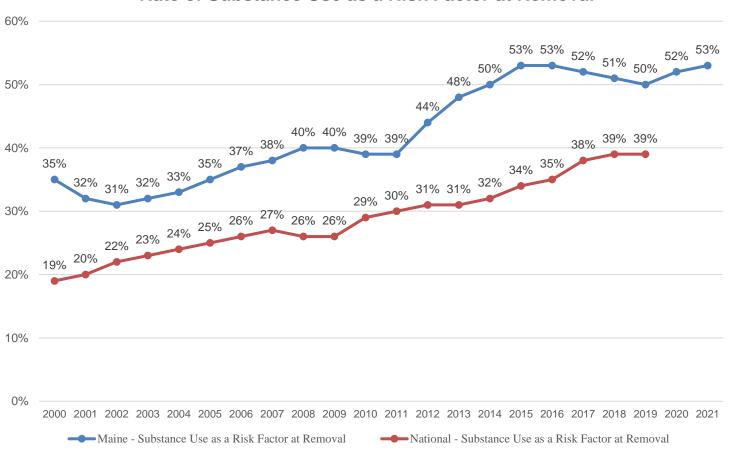
Naloxone Distribution



Substance Use and Child Welfare

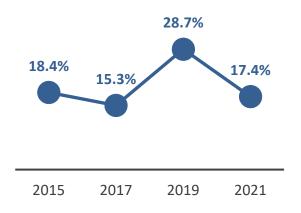
Removals Including SUD as Risk

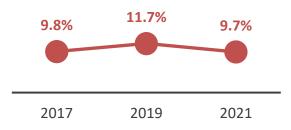
Rate of Substance Use as a Risk Factor at Removal



^{*}National data not available yet for 2020 & 2021

Maine Integrated Youth Health Survey (MIYHS) High School 2021: Substance Use





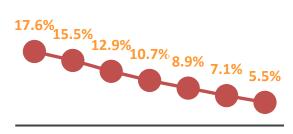


17.4% currently use an e-vapor product

9.7% took a prescription pain medication w/out a prescription or differently than intended (lifetime)

1.5% used heroin in their lifetime

Maine Integrated Youth Health Survey (MIYHS) High School 2021: Substance Use



2009 2011 2013 2015 2017 2019 2021

5.5% currently smoke cigarettes



2009 2011 2013 2015 2017 2019 2021





2009 2011 2013 2015 2017 2019 2021

17.9% currently use marijuana

^{*}used at least once in the past 30 days